

L24000217952

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000177306 3)))



H240001773063ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

2024 MAY 16 PM 5:23

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.
46 HANNAH COLE DRIVE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED
2024 MAY 16 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H24000177306

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 46 Hannah Cole Drive LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Schenman, EA
Name of Person

David M Schenman CPA, PA
Firm/Company

3107 Peachtree Cir
Address

Davie, FL 33328
City/State and Zip Code

Stephanie@DMSCPA.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie
schenman at (305) 799-0064
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H24000177306

H24000177306

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

46 Hannah Cole Drive, LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 303 B Anastasia Blvd #2593 Mailing Address: same
St Augustine, FL 32080

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Capitol Corporate Services, Inc.
Name
515 E. Park Ave, 2nd FL
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of

Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 MAY 16 AM 11:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

H24000177306

H24000177306

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBRMGR**Name and Address:**Suncatcher Holding, LLC
303 B Anastasia Blvd #2593
St Augustine, FL 32080Robert D Smith
302 B Anastasia Blvd #2593
St Augustine, FL 32080

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Stephanie Scheinman, EA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

H24000177306